



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 564-3296 ~ Fax: (502) 564-4818 ~ <http://bmt.ky.gov>

Form Revised:

August 2014

Application for a Certificate of Good Standing of a Massage Therapy Training Program Renewal Long Form

INSTRUCTIONS

1. Refer to KRS 309.363 and 201 KAR 42:080 in completing this application.
2. There is no fee associated with this application.
3. Attach continuation sheets if more space is needed to provide information.
4. **Check only those items where information has changed and needs to be updated.**
5. Submit a signed application form, typed or printed legibly and completed in its entirety.
 - ☐ Attach a copy of the current license to operate, issued by either Proprietary Board or Council of Postsecondary Education or their equivalent. Label as Exhibit A.
 - ☐ Complete and attach a curriculum statement showing clock hours for each required subject. Label as Exhibit B. (see Curriculum Verification Form)
 - ☐ Attach a listing of instructional staff and their qualifications. Label as Exhibit C.
 - ° Documentation of current license and experience for each instructor
 - ° Resume or curriculum vita showing qualifications for teaching an adjunctive or science course for each instructor
 - ☐ List and describe your school's policies and procedures for collecting and analyzing data about the quality and effectiveness of its' educational programs including student progress, completion and licensure. Label as Exhibit D.
 - ☐ Submit a copy of the program or school catalogue. Label as Exhibit E.
 - ☐ Attach documentation of accreditations held by your program or school. Label as Exhibit F.
 - ☐ Submit a copy of your school's student contract, agreeing not to accept compensation for massage therapy services provided prior to licensure by the board. Label as Exhibit G.
 - ☐ **Inclusion of updated statistics that show evidence of quality education is required by 201 KAR 42:080.** You should Include updated statistics that show evidence of continued instructional quality. Label as Exhibit H. These statistics shall include but are not limited to:
 - a. Number of students enrolled vs. number completing the program
 - b. Exam pass rates
 - c. Licensure rate of those graduating
 - d. Placement rates
6. This completed application may be submitted to the Kentucky Board of Licensure for Massage Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 911 Leawood Drive, Frankfort, KY 40601.

SCHOOL INFORMATION

School Name			Date	
Street Address	City	County	State	Zip Code
Telephone Number	Fax Number		Website Address	
Program Contact Person's Name		Title		
Program Contact Person's Address	City	State		Zip Code
Program Contact Person's Phone Number	Fax Number		Email Address	
School Owner, individual, or entity. (If corporate, also list the owner of the corporation)				
Street Address	City	State		Zip Code
Telephone Number	Fax Number		Email Address	

BRANCH LOCATIONS

Please provide names, addresses, and phone numbers of any secondary locations

Branch Name	Address	Phone Number

CLINICAL TRAINING LOCATIONS

Please provide information on location and supervision for each clinical training location. Use additional pages, if necessary.

Location Name	Location Address	Supervisor	Supervisor's Title	Supervisor's Phone

CERTIFICATION

I certify that the information provided on this application as submitted to the Kentucky Board of Licensure for Massage Therapy is true and correct in its entirety. In addition, I hereby pledge to follow all standards set out in KRS Chapter 309 and all rules and regulations set out in 201 KAR Chapter 42.

School Official Name Title

School Official Signature Date